

Syphilis Staging and Treatment Algorithm

Symptoms at the time of blood draw?

YES

- Presence of painless lesion (chancre)
- RPR may be positive or negative
- Confirmatory test is reactive or non-reactive

YES

PRIMARY SYPHILIS

- Presence of palmar/plantar rash, body rash, alopecia, or condylomata lata
- Serology results
- RPR is usually positive
- Confirmatory test is reactive

YES

SECONDARY SYPHILIS

NO

- Was there a VERIFIED negative syphilis blood test in the last 12 months? -or-
- Did patient have signs or symptoms in the past 12 months? -or-
- Are there infected partners independently staged as primary/secondary/early? -or-
- If previously treated for syphilis, was there a 2 dilution (4-fold) increase in RPR titer?
- RPR can be positive or negative
- Confirmatory test is reactive

YES

EARLY LATENT

NO

LATE or UNK

SYPHILIS TREATMENT

Primary, Secondary, or Early Latent
Benzathine penicillin G*
-2.4 million units IM in a single dose

*See CDC Guidelines for treatment if patient is allergic to PCN or has symptoms of neurosyphilis

SYPHILIS TREATMENT

Late Latent or Unknown Duration
Benzathine penicillin G*
-7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals

SPECIAL NOTE ABOUT PREGNANCY: Penicillin is the only acceptable treatment for pregnant women. Penicillin administered at intervals greater than 7 days are unacceptable. If a single day of penicillin therapy is missed, patient must restart treatment if stage is late latent or unknown.